


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 13, 2008 8:00 am**  
**Secretary of State**

03-13-2008 90027 041 \*\*\*150.00

<b>DOCUMENT # P98000035587</b>			
1. Entity Name <b>GAIL E. LAMPERT, P.A.</b>			
Principal Place of Business <b>109 S 16TH ST 101 FLAGLER BEACH FL 32136</b>		Mailing Address <b>109 S 16TH ST 101 FLAGLER BEACH FL 32136</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc. <b>216 SOUTH 3RD STREET</b>		Suite, Apt. #, etc. <b>216 SOUTH 3RD STREET</b>	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>LAMPERT, GAIL E 802 OCEAN MARINA DRIVE FLAGLER BEACH FL 32136</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Gail E. Lampert</u> Signature, typed or printed name of registered agent, and title of registered agent (if not a natural person) <b>GAIL E. LAMPERT, PRESIDENT</b> DATE			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST LAMPERT, GAIL E 802 OCEAN MARINA DRIVE FLAGLER BEACH FL 32136 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Gail E. Lampert</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>GAIL E. LAMPERT, PRESIDENT</b>		03/04/08 386-439-0190 Date Daytime Phone #	